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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re U.S. Patent Application of)	
SHIMIZU et al.)	Art Unit 2183
Application Number: 09/944,409)	Examiner
Filed: September 4, 2001)	Meonske, Tonia L.
For: SIMD OPERATION SYSTEM CAPABLE OF)	
DESIGNATING PLURAL REGISTERS VIA ONE)	
REGISTER DESIGNATING FIELD (AS AMENDED))	
Attorney Docket No.: NITT.0039)	

**Honorable Assistant Commissioner
for Patents
Washington, D.C. 20231**

COVER LETTER

Sir:

[x] The fee for submission of claims is calculated as shown below:

FOR	TOTAL WITH NEW CLAIMS ADDED	TOTAL CURRENTLY ON FILE	CLAIMS PAID	RATE	CALCULATION
Total Claims	8	8	(Over 20)	x \$18	0
Independent Claims	3	3	(Over 3)	x \$86	0
MULTIPLE DEPENDENT CLAIM(S)				+ \$290	0
REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9, 1.27, 1.28). IF APPLICABLE, VERIFIED STATEMENT MUST BE ATTACHED				x ½	
				TOTAL	0

In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Response to Office Action
(with Claim Amendments) | <input checked="" type="checkbox"/> Petition for Extension of Time 1 month |
| <input type="checkbox"/> Preliminary Amendment | <input checked="" type="checkbox"/> Substitute Specification |
| <input type="checkbox"/> Substitute Specification | <input type="checkbox"/> Letter to Draftsperson |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> ___ sheets of drawings |
| | <input type="checkbox"/> Petition under _____ |

[] Please charge my **Deposit Account Number** _____ in the amount of _____ to cover the fees for _____. A duplicate copy of this paper is enclosed.

[x] A check in the amount of \$ 110.00 to cover the fee for a one month extension is enclosed.

[x] The Commissioner is hereby authorized to charge any additional fees associated with this communication, or credit any overpayment to **Deposit Account Number 08-1480**.

Respectfully submitted,

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